

PREMISE ID# _____

Voluntary

Illinois State Fair

OPEN AND LAND OF LINCOLN GOAT ENTRY BLANK

Entries Must be Postmarked July 1 NO REFUNDS

Return form and fees to:
ILLINOIS STATE FAIR, COMPETITIVE EVENTS
P. O. BOX 19427, SPRINGFIELD, IL 62794-9427
PHONE: 217-782-0786

DEPART- MENT	DIVISION NO.	CLASS NUMBER		NAME OF ANIMAL	REGISTRATION AND/OR TATTOO NUMBER	DATE OF BIRTH	NAME AND ADDRESS OF OWNER (As it appears on Registration Paper)
		OPEN CLASS	LAND OF LINCOLN				
				1.			
				2.			
				3.			
				4.			
				5.			
				6.			
				7.			
				8.			
				9.			
				10.			

CONDITION OF ENTRY

By signing this form, I certify that I have read the contents of the Premium Book, including the section entitled Ethical Care and Exhibiting of Animals, and that I will abide by all applicable rules and guidelines contained therein, including specific rules relating to the administration of drugs to animals, as well as all other rules relating to the Illinois State Fair and the laws and regulations of the State of Illinois.

Parent/Guardian Signature Date

Exhibitor's Signature Date

County

WILL ANY OF THESE BE STALLED IN THE
JUNIOR BUILDING? _____

IF SO, HOW MANY? _____

Boer Goats per head (\$5.00) _____
Boer Wether Goats per head (\$5.00) _____
Dairy Goats per head (\$5.00) _____
Pygmy Goats per head (\$5.00) _____
Pygmy Wether Goats per head (\$5.00) _____
Admission Passbook (13-59) each (\$60.00) _____

Auto Sticker each (\$40.00) _____

Total _____

CHECKS PAYABLE TO: ILLINOIS STATE FAIR

Receipt # _____

Exhibitor's # _____ ID # _____

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 20 ILCS 210/1-13. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center. In accordance with the Americans With Disabilities Act any attendee requiring a reasonable accommodation should notify us of their needs by August 1.
IL406-0566 (Rev. 4-16)

EXHIBITOR'S NAME (Please Type or Print)		
ADDRESS, STREET OR R. F. D.		
CITY	STATE	ZIP CODE
TELEPHONE		
EMAIL		
SOCIAL SECURITY # OR FEIN # OF FIRM OR CORP. (ONLY NEW EXHIBITOR)		

**ALL LIVESTOCK TRUCKS, TRAILERS, & GOOSE-NECKS WILL BE
PARKED IN THE 1/2 MILE TRACK AND WILL BE SPRAYED BY A
MOBILE UNIT!**

DEPART- MENT	DIVISION NO.	CLASS NUMBER		NAME OF ANIMAL	REGISTRATION AND/OR TATTOO NUMBER	DATE OF BIRTH	NAME AND ADDRESS OF OWNER (As it appears on Registration Paper)
		OPEN CLASS	LAND OF LINCOLN				
				11.			
				12.			
				13.			
				14.			
				15.			
				16.			
				17.			
				18.			
				19.			
				20.			

Name_____ Exhibitor # _____ ID# _____ Receipt_____